



2879 \$
IFW

FEE TRANSMITTAL

<input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27	Application Number	09/988,688		
	Filing Date	11/20/2001		
	First Named Inventor	HORI		
	Examiner Name	PERRY		
	Art Unit	2879		
TOTAL AMOUNT OF PAYMENT	(\$)	350	Attorney Docket No.	11-073-RCE3

METHOD OF PAYMENT (check all that apply)

- ☒ Check ☐ None ☐ Other (please identify):
- ☒ Deposit Account Deposit Account Number: 50-1147 Deposit Account Name: Posz Law Group, PLC
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☐ Charge fee(s) indicated below
- ☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	\$
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	160	80	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims 27 - 20 or HP = 7 Extra Claims 7 Fee (\$) 50 = Fee Paid (\$) 350

Multiple Dependent Claims Fee (\$) Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20

Indep. Claims 2 - 3 or HP = 2 Extra Claims 2 Fee (\$) 200 = Fee Paid (\$) 400

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$ _____ (\$ for small entity)
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

Total Sheets 100 - 100 = 0 Extra Sheets 0 Number of each additional 50 or fraction thereof 0 Fee (\$) 0 = Fee Paid (\$) 0

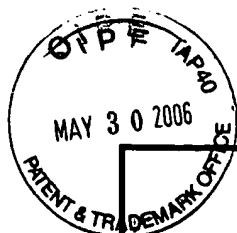
4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: _____

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	43,102	Telephone	(703) 707-9110
Name (Print/Type)	Robert L. Scott, II	Date	30 May 2006		



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/988,688
Filing Date	11/20/2001
First Named Inventor	HORI
Art Unit	2879
Examiner Name	PERRY
Attorney Docket Number	11-073-RCE3

Total Number of Pages in This Submission

ENCLOSURES (Check all that apply)

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form
<input checked="" type="checkbox"/> Fee Attached
<input checked="" type="checkbox"/> Amendment / Reply
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input type="checkbox"/> Extension of Time Request
<input type="checkbox"/> Express Abandonment Request
<input type="checkbox"/> Information Disclosure Statement
<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Reply to Missing Parts/
Incomplete Application
<input type="checkbox"/> Reply to Missing Parts under
37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)
<input type="checkbox"/> Licensing-related Papers
<input type="checkbox"/> Petition
<input type="checkbox"/> Petition to Convert to a
Provisional Application
<input type="checkbox"/> Power of Attorney, Revocation
Change of Correspondence Address
<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Request for Refund
<input type="checkbox"/> CD, Number of CD(s) _____
<input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance communication to (TC)
<input type="checkbox"/> Appeal Communication to Board of
Appeals and Interferences
<input type="checkbox"/> Appeal Communication to TC
(Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter
<input type="checkbox"/> Other Enclosure(s) (please identify
below): |
|---|--|---|

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Posz Law Group, PLC		
Signature			
Printed name	Robert L Scott, II		
Date	30 May 2006	Reg. No.	43,102

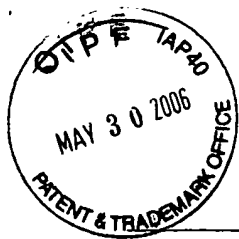
CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature

Typed or printed name

Date



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: HORI et al.

Serial No.: 09/988,688

Filed: 11/20/2001

Title: SPARK PLUG DESIGNED TO
PROVIDE HIGH DURABILITY AND
PRODUCTIVITY

Atty. Dkt.: 11-073-RCE3

Art Unit: 2879

Examiner: PERRY

Commissioner for Patents
U.S. Patent and Trademark Office
Customer Window, Mail Stop Amendment
Randolph Building
401 Dulany St.
Alexandria, VA 22314

Date: 30 May 2006

AMENDMENT UNDER 37 CFR 1.111

Sir:

In response to the office action mailed 28 February 2006, please amend the application as follows:

Amendments to the Claims are reflected in the listing of claims that begins on page 2 of this paper.

Remarks begin on page 8 of this paper.